



Interagency Task Force for Children with Special Needs Biennial Progress Report

**As Required by
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**Health and Human Services Commission
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Table of Contents

1. Executive Summary	1
2. Background	3
2.1 Task Force Roles and Responsibilities	3
2.2 Five-Year Plan and Priorities for Implementation	3
2.2.1 Developing the Five-Year Plan	3
2.2.2 Implementing the Plan: Selecting Priorities	4
3. Website for Families of Children with Special Needs (Priority One: Informed and Empowered Families)	5
3.1 Process and Proposed Solution: The Website for Families of Children with Special Needs	5
3.2 Progress in Developing the Website	6
3.2.1 Formative Assessment	6
Research with Parents and Other Family Members	6
Research with Professionals	6
3.2.2 Formative Assessment Website Recommendations	7
3.2.3 Website Funding	9
3.2.4 Contracting for Website Development	9
3.2.5 Launching the Website – Initial Launch and Ongoing Systemic Deployment	10
3.2.6 Current Status of Website Development	11
3.3 Website Barriers, Resource Needs, and Recommendations	11
4. Crisis Prevention and Intervention (Priority Two)	12
4.1 Process	12
4.2 Positive Behavior Support System	13
4.3 Local Community Coordination	15
4.4 Crisis Prevention and Intervention Barriers, Resource Needs, and Recommendations	18
4.4.1 Implementation Plan Funding	18
4.4.2 Contracting for a Crisis Prevention and Intervention Implementation Plan	18
5. Agency Communication and Collaboration (Priority Three)	19
6. Legislative Recommendations	20
6.1 Add Children’s Mental Health Representation	20
6.2 Update Representation to Reflect the New Texas Juvenile Justice Department	20
6.3 Task Force Resources	20
6.4 Delete Section 115.011	21
6.5 Change Section 115.009	22
6.6 Task Force Flexibility	23
7. Compliance with Statutory Requirements	24
8. Conclusion	25
List of Acronyms	26

Attachments

Attachment A: Agency Activities Summary

Attachment B: Task Force Membership

Attachment C: Formative Assessment Executive Summary and Recommendations

1. Executive Summary

Senate Bill 1824, 81st Legislature, Regular Session, 2009, (Texas Health and Safety Code, Title 2, Health, Chapter 35, Section 35.003, Services Program for Children with Special Health Care Needs) established the Interagency Task Force for Children with Special Needs (Task Force) to improve the coordination, quality, and efficiency of services for children with special needs. The Task Force is overseen by the Office of the Governor and is administered by the Texas Health and Human Services Commission's Office of Health Coordination and Consumer Services (HCCS), formerly the Office of Program Coordination for Children and Youth (OPCCY). The Task Force is charged with developing and implementing a comprehensive five-year strategic plan to address the needs of children with chronic illnesses, intellectual or other developmental disabilities, or serious mental illness.

The Task Force membership is comprised of ten agency executive leaders from eight state agencies that serve children and eight non-voting members. The Governor appoints an inter-agency coordinator from the Health and Human Services Commission (HHSC) to serve as the presiding officer of the Task Force. The non-voting members include: two members from the House of Representatives; two state senators; a local mental health authority representative appointed by the Governor; and three public members, one each appointed by HHSC, the Texas Education Agency (TEA), and the Texas Juvenile Justice Department (TJJD). The public members are to be either a parent or consumer advocate.

The accomplishments of the Task Force discussed in this report are:

1. The development (in progress) of the Website for Families of Children with Special Needs.
2. The Crisis Prevention and Intervention Subcommittee Final Report, which recommends implementing Positive Behavior Supports (PBS) as a statewide prevention and intervention strategy along with the development of Local Community Coordination (LCC) strategies to address crisis prevention and intervention within local communities.

The Task Force worked through a comprehensive process to identify and select these projects as most appropriate to its charge. To develop and fulfill its vision of *a meaningful life with a nurturing family for every child*, the Task Force embraced input from the whole community through public hearings, subcommittee membership, focus groups, and ad hoc work meetings. These inclusive processes yielded rich results: a Five-Year Plan to guide the Task Force's work, and three priorities of focus through which the Task Force can do the most good.

- **Priority 1: Informed and Empowered Parents.** Parents expressed a desire for reliable, easily accessible information. The Task Force has begun creating the website to meet this need using matching federal funds to contract with a web development services vendor.
- **Priority 2: Crisis Prevention and Intervention (CPI).** Prevention and intervention tools are vital in crisis situations. The Task Force subcommittee report proposed a statewide

network of resources for PBS. The PBS is an evidence-based practice effective in supporting children who have extremely challenging behaviors. It is designed to increase a child's quality of life while reducing the need for more intensive and costly services. The Task Force recommended encouraging and incentivizing local community collaboration and coordination in order to support the development of a comprehensive CPI system, developed at the community level that reflects both the needs of the community and the individuals in the community.

- **Priority 3: Task Force Collaboration and Communication.** The Task Force committed to collaborating and communicating more effectively within its membership.

In addition to these three priorities, which are discussed in detail in Sections 3, 4, and 5 of this report, the agencies are working both collaboratively and independently on a number of projects and initiatives in support of the Five-Year Plan. Attachment A - Agency Activities Summary lists a table of agency activities.

2. Background

The Task Force met quarterly since the passage of the enabling legislation. Task Force members were selected by agencies and/or appointed by agency heads as directed in the legislation. Members of the Task Force executive steering committee are listed in Attachment B in bold.

2.1 Task Force Roles and Responsibilities

The Task Force was directed by Texas Health and Safety Code, Chapter 115 to establish eight specific subcommittees and develop comprehensive recommendations in a coordinated Five-Year Plan. The [Five-Year Plan](#) was finalized and released in October 2011.

The legislatively-required Task Force subcommittees include:

- Early childhood detection and intervention
- Education
- Health care
- Transitioning youth
- Crisis prevention and intervention
- Juvenile justice
- Long-term, community-based services and supports
- Mental health

The Task Force agencies have coordinated with each other and worked independently to improve the coordination, quality, and efficiency of services for children with special needs. Accordingly, this biennial legislative report presents both joint activities and the activities of individual agencies. This is the first biennial status report submitted in accordance with Texas Health and Safety Code, Section 115.06 which requires the Task Force to submit a biennial report on the progress in improving the coordination, quality, and efficiency of services for children with special needs.

2.2 Five-Year Plan and Priorities for Implementation

2.2.1 Developing the Five-Year Plan

The Five-Year Plan is the roadmap for agency activities directed at improving the coordination, quality, and efficiency of services for children with special needs. The plan was developed from recommendations presented by each of the subcommittees. More than 120 members, primarily stakeholders and family members participated on the subcommittees. Each subcommittee was chaired by a Task Force member. Processes for gathering public input included public hearings, solicitation of written comments, and a stakeholder survey. The subcommittees worked over a period of 16 months to develop the recommendations. These were distilled into 35 final recommendations organized within seven goals below:

1. **Organized and Reliable Information:** Parents and others will have access to easy-to-find, accurate, consistent, and reliable information so they can receive the appropriate help and support that best meets their needs.
2. **Prevention and Early Identification:** Disabilities will be prevented or minimized by early identification of children with or at risk of special needs, and crises will be prevented throughout the child's life.
3. **Entry Points into Services:** Appropriate services will be secured when needs are first identified.
4. **Comprehensive Array of Services and Supports:** A comprehensive array of services and supports will be available to support the child in or as close to home as possible.
5. **Services and Supports for Transition to Adulthood:** Students will be successful in transitioning to post-school life.
6. **Interagency Coordination and Collaboration:** Agencies and organizations will communicate, coordinate, and collaborate in serving children with special needs.
7. **Strengthened Workforce:** The workforce of professions serving children and youth with special needs will be supported and strengthened.

2.2.2 Implementing the Plan: Selecting Priorities

To implement the plan, the Task Force prioritized the recommendations and selected the top three for immediate attention. Each Task Force member comprehensively reviewed and ranked the recommendations according to the following criteria:

- Capacity to get results.
- Measurable progress within 12-24 months.
- Significant positive impact for children, families, and those who serve them.
- Being innovative in the use of Task Force and agency resources.

Through a series of facilitated meetings, members agreed on the top three priorities:

1. Informed and Empowered Parents
2. Crisis Prevention and Intervention
3. Collaboration and Communication

3. Website for Families of Children with Special Needs (Priority One: Informed and Empowered Families)

3.1 Process and Proposed Solution: The Website for Families of Children with Special Needs

Throughout the 16-month process for developing the Five-Year Plan, parents and stakeholders repeatedly expressed the need to easily access relevant, timely information. They supported the idea of reaching a wider audience than is reached by current state agency websites which are typically limited to their own services and clientele and public sites that are difficult to assess in terms of accuracy and relevance. Families repeatedly expressed frustration at not being able to find accurate, up-to-date, easily accessible and easy to locate information. Also, 2-1-1 does not and cannot at this time, drill down to the level of specific and nuanced information and resources needed by these families. Families expressed the need for access to training and obtaining services and information well before they ever become eligible for state services. They need this very early in the process. The website proposed as the implementation priority of the Task Force, will be a creative roadmap that begins at diagnosis and leads families along a guided path where they can choose information that best meets their needs at any point in their child's life, through the transition to adulthood. It envisions bringing together a wealth of peer, community, faith-based, private services and cross-agency services information. This website will also serve as a resource for state agency staff and for 2-1-1 representatives as they work to assist families to identify and secure services and supports, both internal and external to those available through state services.

In considering the best way to meet this need, the Task Force agreed to develop a web site (accessible both through personal computers and mobile devices) that would be created by and for parents and that would synthesize and integrate information from across state agencies as well as information from other sources.

The Task Force recognized the complexity of this project and asked the Executive Steering Committee to develop a high-level implementation plan. The Executive Steering Committee presented its plan on April 4, 2012. The plan proposed broad inclusion of family members from across the state, national best practices research, and the development of a proposed website design. All aspects of the approach were unanimously approved by the Task Force. The HHSC Office of Program Coordination for Children and Youth (OPCCY), now known as the Office of Health Coordination and Consumer Services (HCCS), was directed to lead in developing the project elements in the recommendations (note: HCCS will be used in place of OPCCY in the remainder of this report).

3.2 Progress in Developing the Website

3.2.1 Formative Assessment

The first step in developing the website was to validate the need and requirements by conducting a “formative assessment” with families and stakeholders across the state to elicit, collect, and compile expectations for the site. Staff prepared a scope of work for the formative assessment and released a request for bid to qualified vendors under contract with HHSC. SUMA Social Marketing (SUMA) was awarded the contract. Equal funding to finance the assessment was contributed by HHSC, Department of Aging and Disability Services (DADS) and Department of State Health Services (DSHS). Work on the project began June 1, 2012, with the final report completed in Fall 2012.

Three primary requirements were included in the scope of work.

- Establish the need for, interest in, anticipated use by families and other stakeholders, and tone/structure of the site.
- Conduct comprehensive research, analysis, and inventory of state and national websites for best practices and tools, and identify whether the Task Force approach was unique or redundant.
- Design and provide a web framework, giving estimated time, and costs based upon the research findings.

Research with Parents and Other Family Members

In the summer of 2012, SUMA conducted extensive research with parents of children with special needs. Researchers attended the Parent-to-Parent conference in San Marcos to interact with parents and to understand the issues they deal with on a daily basis. Focus groups were held with professionals and interviews were conducted with 43 stakeholders.

In one-on-one interviews and additional focus groups, more than 130 Texas parents discussed their issues and described their experiences in seeking information to help guide their decisions about their children. Participants were from: Dallas, Lubbock, Austin, Houston, El Paso, Lufkin, San Antonio, Tyler, San Marcos, and the Rio Grande Valley. Discussions took place in English or Spanish, as appropriate.

Research with Professionals

Focus groups were held with more than 70 professionals including medical social workers, educators, and case managers employed by two state agencies Department of Assistive and Rehabilitation Services (DARS) and DSHS, and with mental and behavioral health professionals. Groups were convened in Houston, San Antonio, Dallas, Austin, and the Rio Grande Valley. These professionals were queried about their perceptions of their roles and responsibilities; the information-seeking needs of the families they serve; available resources; opinions about the construction of the new website; and ways to promote it to professionals who work with families of children with special needs.

3.2.2 Formative Assessment Website Recommendations

Eighteen recommendations, both qualitative and quantitative, were developed and presented in the consultant's final report. These recommendations, approved by the Task Force, now form the goals and vision that guide the web concept, design, approach and content.

Recommendations fell into four categories:

- Overarching recommendations about tone, look, and framework.
- Site content and functionality.
- HHSC staffing recommendations.
- Marketing and promotion of the website.

The final report provided the required deliverables and validated the need for this unique resource for families and stakeholders. A summary of the recommendations is provided below.

General Recommendations for Overarching Website

1. The site should reflect a tone of friendliness, optimism, encouragement, honesty, empathy, and sensitivity.
2. The site should have a clean, simple look and feature engaging icons to guide usage.
3. The site should aspire to empower parents by providing tools and tutorials that help them formulate and ask questions and develop valuable skills. These tools and tutorials should be made available in various formats, including embedded short (less-than-2-minute) videos and/or downloadable print matter.
4. The website should link to other valuable resources, including (but not limited to) Texas A&M University (TAMU) Disability Resource.com searchable database of services, 2-1-1, and credible, diagnosis-specific sites. Additionally, the website should serve as the main site for a series of locally maintained (perhaps by parents) regional sites that offer localized news, calendars of events, blogs, and resources.
5. The website should actively promote parent networks that offer opportunities to find mentors, advocacy, and support from other parents who live nearby or have children with similar disabilities.
6. The website should be searchable by diagnosis.
7. The website should incorporate social media.
8. The website should be adaptable for use on mobile devices.
9. The website should be fully bilingual (English/Spanish) and have the capability to be translated into additional languages via Google Translate. The Spanish site should not only be translated, but should also be adapted to the cultural norms and particularities of the target audience.
10. The website should emphasize the importance of planning for the child's transition to the next phase of development and into adulthood. This message should be dispersed throughout the website so that parents are exposed to it multiple times

Site Content and Functionality

11. The navigation bar should be organized following the basic taxonomy listed below. It is important to note that the actual names of the headings may change as the site is field-tested during its developmental phase.
 - Home
 - Early Intervention and Diagnosis
 - Ongoing Care and Support
 - Education and Schools
 - Connect with Other Parents
 - State and Local Resources
 - Resource Library
12. A special page for teens should be included with linkage from the home page.
13. Special website features and functionality should be added to enhance the site's power, ease of use, and credibility.
14. Regional websites should be built to cover local events and news and to work in partnership with 2-1-1 and the TAMU Disability Resources site to maintain local resources for the searchable database.
15. Parents of children with special needs should be involved at every stage of the build-out and maintenance plan to ensure that the website continuously meets the public's needs.

HHSC Staffing Recommendations

16. The Task Force should hire at least two people to work in-house on ongoing content development, maintenance, and management of the website.

Marketing and Promotion of the Website

17. The website should be marketed to parents primarily through grassroots channels and "information gatekeepers," as well as through earned media.
18. Placement of advertisements based on Google AdWords or Facebook should be considered as a strategy for capturing the attention of parents who may be seeking information or participating in online chats, blogs, or groups.

The Formative Assessment Executive Summary and Recommendations are included in Attachment C.

3.2.3 Website Funding

Concurrent with the formative assessment and internal review, HCCS staff prepared and presented an exceptional item request to fund the initial phase of the website. The request was submitted through the HHSC Legislative Appropriations Request (LAR) process in March 2012. Working with the Medicaid Director, Executive Commissioner Thomas Suehs recommended that the project be submitted as part of the Balancing Incentive Program (BIP) under the Affordable Care Act (ACA). Texas met the federal qualifications for BIP funding and was in the process of preparing a work plan and funding request for submission to the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). If approved, funding would be available through federal fiscal year 2015.

The initial LAR proposal would have allowed for a September 2012 start date; however, securing BIP funding required additional time. The DADS Commissioner and the HHSC Medicaid Director championed the effort, and the project was included in the BIP work plan submission. Final CMS approval of the Texas work plan took considerably longer than anticipated. The Task Force web project was approved by CMS and funded for \$3.9 million on November 15, 2013.

HHSC is currently researching options for funding the website once BIP funding ends. All final BIP project costs must be billed by July 31, 2015.

3.2.4 Contracting for Website Development

With the initial expectation that funding for the web project (if approved by CMS) would be available in 2013, HCCS, at the direction of the Task Force began evaluating options for identifying and contracting with a vendor to design and build the website. Given the funding and time constraints, the scale of the project, and the likely steep learning curve for the developer, the Task Force determined that contracting with an established vendor would be the most efficient method to accomplish this priority successfully. Two requirements were identified as primary to the vendor procurement.

Specifically, the Task Force recommended that the vendor have:

- 1) Demonstrated successful experience in large web projects and with special needs populations.
- 2) The ability to leverage the findings from the formative assessment and the costs already invested in that work.

Researching vendors and contracting options led staff to the option of contracting with vendors under a Department of Information Resources (DIR) Cooperative Contract. These vendors are competitively procured by DIR for specialized large projects and made available to other state agencies thereby reducing the time from procurement to contract. The cooperative contracts allowed an agency to approach one or more selected DIR vendors to find the best fit and value. In researching the DIR vendor list, HCCS staff identified TradeMark Media Inc., (TMM) as a large website development vendor. TradeMark Media Inc., was the subcontractor retained by

SUMA to create the web architecture/framework structure presented to the Task Force in the formative assessment. TradeMark Media had demonstrated knowledge and expertise in the initial web project stage and had substantial experience developing websites for other state agencies as well as for disability and education projects. Staff made the decision to approach TMM and explore whether they had an interest in and would be a match for the project.

Three key operational areas were identified:

1. Design, develop, and deploy a unique, comprehensive, branded website, including project administration and management.
2. Research, write and prepare all the content for the initial load to the site.
3. Utilize a statewide parent organization that represented all disabilities to provide oversight, quality assurance for content and responsibility for developing a statewide parent/stakeholder network.

Initial discussions with TMM began in Fall 2012. A scope of work was developed and the process to secure TMM as the vendor was initiated. Delays in the BIP funding process became evident during the same period, and the contracting process was put on hold. In September 2013, when the BIP funding was approved, and following the approval of the work plan by CMS on November 15, 2013, negotiations with TMM resumed with a final contract start date of January 3, 2014.

3.2.5 Launching the Website – Initial Launch and Ongoing Systemic Deployment

During the Discovery phase of website development and after initial review of the Formative Assessment, TMM conducted a set of extended interviews and focus groups to garner an updated and more comprehensive view of how the envisioned website could be best brought online.

While the website has a technical go-live date of June 2015, this will mark only the beginning of a comprehensive, integrated, and systemic deployment. The website must be used and useful to not only families, but also to physicians, school districts, nurses, social workers, recreation specialists, and other persons or agencies providing public or private information and/or support to families of children with special needs. This type of deployment is critical to the website's success and is consistent with Goal 1 of the Five-year Plan:

Develop and disseminate comprehensive, accurate, consistent, accessible, easy-to-understand information through a variety of media and languages, including written material, electronic formats, the Internet, and social media, to link families to public and private services and supports

Recommendation 17 of the Formative Assessment similarly recognizes, through a “grassroots” approach, the need for systemic and comprehensive deployment.

Recommendation 17: The website should be marketed to parents primarily through grassroots channels and “information gatekeepers,” as well as through media.

The HCCS staff completed a statement of work detailing the marketing requirements. All options will be explored for retaining a vendor that knows the client base and has the most effective and innovative approach. The target date to have the vendor in place is September 2014.

3.2.6 Current Status of Website Development

The timeline for deployment of the site was considerably reduced by the length of time required to secure final CMS approval. With a revised 18-month project timeline to develop and deploy the site, TMM began work in January 2014. The project encompasses nine specific phases. As of the date of this report, the project is on time and on budget. The deployment date is June 2015, with funding availability ending July 2015.

3.3 Website Barriers, Resource Needs, and Recommendations

Much of the organizational groundwork for the web project was done two years prior to its actual start date and was based upon best known information at the time. As the work progresses, HCCS staff is using the opportunity to reevaluate the support systems and work requirements necessary to maintain and ensure the site remains a relevant and valuable ongoing resource. This project, while providing a critical resource for families of children with special needs, will also have on-going costs.

Given the complexity and volume of content and other information required to keep the site current, relevant, and easy for families to use, the Task Force is considering whether the site can be appropriately maintained with only state staff. On-going contracting for site technical updates and maintenance will be needed, as will quality assurance and oversight by an external parent organization. External resources such as databases and private syndicated content, as well as external hosting, will need to continue. Other costs could include contracting with a parent group or network for continued regional resource information and retaining an external partner for Spanish translation. Staff members are evaluating all of these options and have prepared a preliminary cost projection. This projection will address using of staff resources, maintaining and improving the quality of information, and assuring consistent hands-on oversight of the website.

4. Crisis Prevention and Intervention (Priority Two)

The Task Force's second priority is Crisis Prevention and Intervention (CPI), as required by Texas Health and Safety Code, Section 115.003 (b) (2) which states that the Task Force shall, "reduce the number of families who experience crisis due to insufficient and ineffective interventions or services or lack of coordination and planning of interventions or services."

This priority ranking clearly indicates both the Task Force's and Legislature's understanding of the immediate and long-term implications of crisis avoidance and its benefits to the child and family as a whole, as well as the opportunity for reducing pressure on state services and resulting costs.

Two components were identified as critical to the [CPI Plan](#). These components listed below are discussed in greater detail in Sections 4.2 and 4.3 respectively and include:

- **Positive Behavior Support:** Implement a statewide PBS System with fidelity among agencies.
- **Local Community Coordination:** Create a new community collaboration program, developed at the community level and reflecting individual needs and the needs of the community. This supports the paradigm shift in service delivery adopted by the Task Force and discussed further in Section 6.1 of the Five-Year Plan.

4.1 Process

The Task Force directed the creation of a subcommittee charged with researching crisis prevention and intervention strategies and with developing project implementation recommendations for Task Force consideration. Each Task Force agency dedicated staff to participate on this CPI Subcommittee. The specific goal of the CPI Subcommittee was to propose recommendations that would reduce the number of families who experience crisis due to insufficient and ineffective interventions or services, or lack of coordination and planning of interventions or services.

The CPI Subcommittee began work in October 2012. A project approach and initial plan was developed through facilitated meetings, and a framework document defining broad recommendations drawn from the Five-Year Plan was created. The framework document was presented to the Task Force and approved in December 2012.

Contingent upon the availability of funding, the Task Force also approved retaining a contractor to lead the research effort, manage the subcommittee process, and assist in the development of a final report. The HCCS staff polled the Task Force for funding commitments. Three agencies

provided support for funding: HHSC, TEA, and DSHS. Staff prepared and released the scope of work, and SUMA was selected and began work with the CPI Subcommittee in March 2013.

Members of the Executive Steering Committee recommended that the CPI Subcommittee be expanded to include external stakeholders with expertise in crisis prevention and intervention services at the community level, parents, judicial representatives, and agency members from DSHS with expertise in children's mental health. Although unsuccessful in adding members from the judiciary and Travis County, members were added from Every Child Inc., Texas Parent to Parent, Arrow Ministries, and DSHS children's mental health services. Several of the members were parents of children with special needs and served in dual roles. Two participants were Task Force members who serve on the Task Force's Executive Steering Committee.

The CPI Subcommittee met twice each month through the end of August 2013, and developed a comprehensive and strategically aggressive approach. SUMA delivered an interim report on the subcommittee work at the end of August 2013. Due to the volume of information, multi-agency approach, and complexity of the issues under evaluation by the CPI Subcommittee, the Task Force extended the CPI Subcommittee research timeline through the end of December 2013, to allow time to complete the recommendations. SUMA delivered the final recommendations report from the CPI Subcommittee in January 2014. These are included in Attachment C.

The work of the CPI subcommittee on included researching and developing recommendations based on:

- Consulting with other states and organizations to evaluate best practices.
- Coordinating mental health and developmental disability services.
- Reducing the number of families who experience crisis due to insufficient/ineffective interventions or services or lack of coordination and planning of intervention or services.
- Removing barriers to local coordination of services and supports.
- Increasing the number of community-based options for children with special needs.
- Developing feasibility statements for recommendations.
- Improving the accountability of Task Force agencies and other service providers in the community.

4.2 Positive Behavior Support System

Children with special needs often have challenging behaviors which are frequently a factor in crises. A PBS system is a set of research-based strategies to increase quality of life for the child and all family members, while decreasing challenging behaviors that may keep a child from reaching his or her full potential. The PBS approach:

- Applies validated behavioral and other biomedical research to understand factors, including past traumas that affect a child's behavior.
- Is oriented to the valued outcomes of children and families and their circles of support.

- Addresses needed system changes from the level of the household to the service delivery system.
- Teaches new and adaptive skills.

The Task Force's Five-Year Plan identified PBS as a way to improve the lives of children with special needs and their families. The CPI Subcommittee decided to explore PBS first and develop their initial recommendation for this topic because:

- Children with special needs often have challenging behaviors, which are frequently a factor in crises.
- Successful implementation of the PBS recommendations could reduce the need for intensive and expensive services, such as institutionalization or incarceration.

After an extensive study of PBS, the subcommittee created a set of recommendations to develop a statewide network and delivery system of PBS that would ensure children and families receive supports and services that prevent and reduce challenging behaviors and related crises. These recommendations, excerpted from the report, are provided below:

PBS Core Recommendation

The CPI Subcommittee recommends that Texas establish a statewide network and delivery system of PBS to ensure that children with special needs and their families receive supports and services that prevent and reduce challenging behaviors and related crises. All Task Force agencies should establish access to this PBS network and delivery system to ensure that PBS services are available to children with special needs across disability groups and service systems. To ensure effectiveness and efficiency and build the knowledge base for best practices, implementation progress should be shared and coordinated among all Task Force agencies.

PBS Strategies

The CPI Subcommittee advocated that the Task Force implement the following strategies to fulfill the core recommendation. The strategies apply to all three levels of need (primary/universal, secondary/at-risk, and tertiary/intensive) unless otherwise indicated. The first two strategies are foundational in implementing the recommendations as envisioned by the subcommittee.

Foundational Strategies:

- Enable and ensure cross-agency collaboration on workforce development, quality assurance, data collection, and reporting.
- Establish a locus of responsibility for the development, delivery, and evaluation of PBS training curricula and practice, including exploration of the development of a PBS Institute for Texas (as successfully accomplished by the State of Kansas through the Kansas Institute for Positive Behavior Support, a partnership with the Kansas University Center on Developmental Disabilities).

Structural Strategies:

- Generate broad-based awareness of PBS at the primary (universal) level by including a consistent description of PBS and information about available supports through new and existing sources of training.
- Utilize multiple methods for training delivery, including web-based materials, print materials, and interactive events.
- Develop criteria for the competency-based training, qualification, certification, and supervision of all tiered PBS skill levels (facilitators, service coordinators, and direct support staff) to ensure the delivery of quality services from multiple systems of care.
- Establish access to PBS-trained case managers able to provide person-centered planning and/or wrap-around services, and problem-solving consultation at the secondary/at-risk level, as well as early identification of needs for additional supports across environments.
- Provide access to PBS-trained facilitators to deliver PBS services consisting of functional behavior assessment, individualized plan development, and training and coaching to families with children with identified behavioral needs at the tertiary/intensive level.
- Provide prevention-related PBS skill development for family members, caregivers, and those who provide direct support to children with special needs.¹

4.3 Local Community Coordination

Children with special needs sometimes require services from more than one agency or program. Services too often are not coordinated and do not serve the child well. Serving families successfully requires a commitment to serving the whole child, in the context of the family, through practical, collective problem-solving.

Local Community Coordination (LCC) is a collaboration of multiple community members, organizations, agencies, and family members who proactively:

- Engage in cross-system planning.
- Identify and assess service gaps and obstacles.
- Cultivate and make better use of resources.
- Develop processes for facilitating and implementing effective crisis prevention and intervention strategies for children with special needs and their families.
- Create and own initiatives, supported by quality outcomes that meet the unique needs of families in their respective communities

¹ Subcommittee for Crisis Prevention and Intervention, *Final Report: The Task Force for Children with Special Needs & The Texas Health and Human Services Commission* (January 2014), 2-3.

Effective coordination requires reconceptualization and redirection through engagement of family, local, and state partnerships in planning and developing agreements to pool expertise, resources, and creativity. Coordination strategies, excerpted from the subcommittee's report, are provided below.

LCC Core Recommendation

To facilitate the development of comprehensive CPI systems across Texas, the State should:

1. Designate staff (by repurposing existing staff, hiring new staff, or outsourcing the responsibility to a contractor) who operate under a community capacity-building approach to provide technical assistance and support that:
 - Facilitates distribution of such funds as may be available to develop and implement community-based CPI plans.
 - Actively engages communities.
 - Identifies community champions.
 - Provides information about evidence-based and promising practices
 - Provides tools and assistance for assessment and evaluation.
 - Helps remove barriers at the state level that prevent families and children with special needs from accessing necessary services and supports for CPI.
 - Monitors and participates in evaluating community progress toward execution of a CPI plan.
2. Provide funding which is contingent on an acceptable plan with community-identified performance benchmarks tied to the applicable elements of the community's CPI plan. Some communities will be able to incorporate all 12 elements identified below to achieve a robust CPI plan. Others may need to identify a few key elements as initial goals with subsequent efforts to put all the elements in place.
3. Partner with a community entity, such as:
 - A local mental health authority or local authority for intellectual and developmental disabilities.
 - A Community Resource Coordination Group (CRCG).
 - Community coalitions.
 - A nonprofit organization.
 - A faith-based organization.

to assume leadership and support the community in the development of a CPI plan, based on a community assessment and identified needs, that addresses the development of the following elements:

- Formal and informal community networks and relationships that link resources.
- Interdisciplinary teams with the capacity to conduct clinical assessments.
- Mobile crisis teams with the capacity to effectively respond to a crisis situation involving a child with special needs.
- Capacity for formal and informal respite, including scheduled, therapeutic, and crisis respite, offered by competent providers.
- Expedited services for emergency and urgent needs.
- Child mental health and trauma screening using a common assessment instrument.
- Whole-family screening to assess the need for additional social services – such as behavioral health assessment of siblings – using a common assessment instrument.
- Electronic cross-system information exchange of consents, demographic data, and screening and assessment results so that multiple state agencies can access information about the same child and family.
- Cross-system training for clinicians, service providers, first responders, and families.
- Evidence-based or promising practice peer support for families.
- Ongoing community cross-system evaluation of CPI.
- Local sustainability plan.²

Communities would conduct a needs assessment, identify gaps, and submit a plan to develop a CPI system. Development of a CPI plan would require an identified entity to take the lead in pulling together a broad range of community stakeholders, such as parents, caregivers, educators, first responders, law enforcement, local health care providers (including hospitals), and representatives from local and state agencies.

The State would partner with the local entity that assumes leadership of the CPI plan and would support the community partner by providing:

- Designated staff to offer technical assistance and support.
- Funding to help the community evaluate, plan, coordinate, develop, and enhance resources to increase the number of children and families that receive supports and services that prevent and respond effectively to crises.

Texas communities utilizing this approach could more effectively organize and mobilize resources to reduce the number of families who experience crises due to insufficient interventions or lack of coordination and planning of interventions and services. The impact could be to reduce more costly interventions such as emergency room visits, hospitalizations, and incarceration.

² *Ibid.*, 6.

The Task Force reviewed, evaluated, and approved the CPI Subcommittee's report, and directed staff to end the work of the CPI Subcommittee and to move forward with creating an implementation plan for the recommendations in March 2014.

The HCCS staff is developing a scope of work and exploring options for contracting for these services. Cost estimates and timelines are being developed. The Task Force will need to secure funding in order to retain a vendor to provide the project management services necessary to guide the development of the plan. Initially, the participating agencies will be asked to contribute available funding. Information was presented at the June 3, 2014, Task Force meeting on staff findings and recommendations for achieving the Task Force directive.

4.4 Crisis Prevention and Intervention Barriers, Resource Needs, and Recommendations

4.4.1 Implementation Plan Funding

Identifying funding for the development implementation plan is the next step in the process. The plan must include options and strategies for cross-agency operational implementation and funding of both approved components (PBS System and LCC Initiative).

4.4.2 Contracting for a Crisis Prevention and Intervention Implementation Plan

Developing an implementation plan that coordinates the ten Task Force agencies/divisions in order to deliver a unified product is a major task. It will require an external contractor to lead the effort and assist agency staff in creating the plan. The HCCS staff is exploring options, including a partnership with TEA and its current Positive Behavior Intervention Support statewide leadership (Region 4) for community- and school-based outreach and training to a broad spectrum of crisis prevention professionals.

5. Agency Communication and Collaboration (Priority Three)

Each of the Task Force agencies has projects and initiatives that support additional elements of the Five-Year Plan. For example, DADS is supporting Goal 1 (organized and reliable information) by maintaining an employment services web page useful for both families and service providers. The DARS is supporting Goal 2 (early detection and prevention) by developing webinars on Fetal Alcohol Spectrum Disorders. Texas Juvenile Justice Department has supported Goal 7 (strengthening the workforce) by applying for and becoming a National Health Service Corps site, enabling certain participants to seek and obtain student loans.

In addition to individual agency initiatives, agencies are collaborating on initiatives in support of the plan as well. For example, TEA, DFPS, and DSHS are supporting Goal 3 (entry points into services) with a program to provide foster care liaisons for schools to facilitate enrollment and transfer of records for children in foster care, including special education records. This will ensure a child's individualized education program (IEP) follows the child and is received before the child's first Admission, Review, and Dismissal (ARD) meeting. This program promotes education stability and minimizes student disruption. The TEA is preparing guidance to ensure students with disabilities in foster care may transfer and receive partial credit or remain in their school, if family situations change. The TEA has hired a permanent, full-time foster care policy specialist who works with the special education team on these issues.

In support of Goal 6 (interagency coordination and collaboration), HHSC is leading regular interagency employment meetings. The HHSC, DADS, DARS, DSHS, and DFPS meet quarterly to promote interagency engagement, sharing of resources, and positive problem-solving to ensure delivery of comprehensive and efficient employment services to individuals with disabilities through the combined efforts and skills of these agencies.

The Task Force is also improving coordination with the Children's Policy Council, the System of Care, and the Council on Children and Families to more closely align interagency work with advisory councils.

Attachment A - Agency Activities Report provides a table detailing the full range of agencies' independent and collaborative initiatives that align with and support the work of the Task Force and its purpose.

6. Legislative Recommendations

The Task Force makes the following recommendations to the Texas Legislature.

6.1 Add Children's Mental Health Representation

Sec. 115.007 - Add the Deputy Associate Commissioner for Mental Health Coordination as a member of the Task Force.³

6.2 Update Representation to Reflect the New Texas Juvenile Justice Department

Sec. 115.007 - Add language to the authorizing legislation that clarifies agency representation from the TJJD.⁴

Original language in this section specified members as follows: (H) the Texas Youth Commission (TYC), designated by the executive commissioner of that agency; (I) the Texas Juvenile Probation Commission (TJPC), designated by the executive director of that agency; the Texas Youth Commission, designated by the executive commissioner of that agency; TJPC and TYC have both been eliminated as stand-alone entities with the creation of the Texas Juvenile Justice Department. The Task Force wishes to maintain both member positions in order to fully represent TJJD and requests the statute language be updated to reflect the same.

Sec. 115.007(2): Add language that gives voting authority to: (A) a representative of a local mental health authority or a local mental retardation authority, appointed by the governor; And (D) three parents or consumer advocates, one each appointed by the commission, the Texas Education Agency, and the Texas Youth Commission.⁵

6.3 Task Force Resources

No funding was included for the Task Force in S.B. 1824. External resources, expertise, and support are sometimes necessary due to the complexity and magnitude of the Task Force projects. The Task Force has been successful in identifying and securing funding to implement three of its projects:

- The formative assessment (funded by HHSC, DADS and DSHS).
- The contracted vendor to guide and provide research for the CPI Report (funded by HHSC, DSHS and TEA).
- The Children with Special Needs Website Project (funded by BIP).

³ Texas Health and Safety Code, Chapter 115.

⁴ *Ibid.*

⁵ *Id.*

However, moving forward, the ability to secure funding for project development and implementation is unclear. The Task Force is committed to streamlining processes, reducing redundancies and eliminating silos. To accomplish the interagency combined projects that have cross system impact requires funding. The Task Force would benefit greatly from the ability to fund some of its own external projects and initiatives.

Suggested language: The commission is permitted to fund task force projects and initiatives, and the commission may accept gifts, grants, and donations from any source, including private and nonprofit organizations.

6.4 Delete Section 115.011

With the release of the Five-Year Plan, the Task Force moved into an implementation phase that required a different structure to accomplish its work. The work of the eight original subcommittees was complete, and they were disbanded. Work focus moved to a structure that would allow the Task Force to establish subcommittees as needed specific to the project. The Task Force recommends the following statutory language be deleted and language added to allow Task Force to determine when and what subcommittees are needed.

Delete: Sec. 115.011. SUBCOMMITTEES. (a) The interagency coordinator, assisted by the Task Force director, shall establish subcommittees to address:⁶

- (1) Early childhood detection and intervention;
- (2) Education;
- (3) Health care;
- (4) Transitioning youth;
- (5) Crisis prevention and intervention;
- (6) Juvenile justice;
- (7) Long-term, community-based services and supports; and
- (8) Mental health.

(b) Each subcommittee shall include at least one Task Force member to serve as chair.

Consistent with the purpose of each subcommittee, members shall consult with relevant subject matter experts, relevant advocacy organizations, staff from related agencies, and parents or consumers who have used related services.

(c) Each subcommittee shall report the subcommittee's findings and related recommendations at a Task Force meeting at least once each year. On a biennial basis, the subcommittee shall provide a written report with findings and recommendations not less than two months before the scheduled release of the Task Force report under this chapter.

Suggested language: Sec. 115.011. The Task Force will determine and convene workgroups and subcommittees as it deems necessary to enhance its ongoing work.⁷

⁶ *Id.*

⁷ *Id.*

6.5 Change Section 115.009

Modify the current interagency coordinator language and replace with language that allows a peer leadership structure. The Task Force currently has an Executive Steering Committee in place that provides staff guidance and makes recommendations to the full Task Force to inform pending decisions, and provides direction and decision making to staff for issues that arise between quarterly meetings. As an interagency Task Force comprised of high level peer members, communication and coordination is often best accomplished when council leadership is developed from within its membership. Peer leadership also fosters a stronger commitment to the Task Force and its work, while furthering member investment and ownership in the outcomes. We recommend the following language be eliminated and redrafted to support a peer leadership structure.

Delete: Sec. 115.009. INTERAGENCY COORDINATOR; STAFF. (a) The governor shall appoint an interagency coordinator from the commission as the presiding officer of the Task Force.⁸

Suggested language might include: A requirement that the Task Force members select a Chair and Vice Chair to serve for terms specified in their operating guidelines.

Delete: Sec. 115.009: (b) The interagency coordinator-A full-time director and administrative assistant shall be hired to support the duties and functions of the Task Force.⁹

Suggested language might include: A full-time director and administrative assistant shall be hired to support the duties and functions of the task force.

Delete: Sec. 115.010. TASK FORCE DIRECTOR. The duties of the Task Force director hired by the interagency coordinator under Section 115.009 shall include:

- (1) prepare on behalf of the task force the plan and reports required under this chapter;
- (2) work with each task force representative to schedule meetings and deadlines relevant to the representative's agency;¹⁰

Suggested language: The duties of the Task Force director under Section 115.009 shall include:

- (1) prepare on behalf of the task force the plan and reports required under this chapter;
- (2) work with each Task Force representative to schedule meetings and deadlines relevant to the representative's agency; and project manage and administer the work of the Task Force.

Delete: Sec. 115.011 (3) work with the interagency coordinator to assign subcommittee leadership positions.¹¹

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

6.6 Task Force Flexibility

As Task Force has worked through this process, some of the requirements contained in the legislation should be considered for amendment. Legislation should be flexible and allow the Task Force to be creative and collaborative in its approach. Some of the legislation passed in 2013 is having a profound impact on the work that is being done in the area of children's disabilities. An example of that change is S.B. 7, 82nd Legislature, First Called Session, 2011. Over the next several years, major changes will occur in the areas of long-term care, waivers, and Medicaid services for children with special needs and how they are delivered. The work of the Task Force needs to be flexible and meet the challenges of the changing landscape. For example, Texas Health and Safety Code, Sections 115.003 and 115.004 provide lists of Task Force responsibilities and report content requirements that are proscriptive. Language could be added to allow the Task Force to determine to undertake additional activities in response to changes in the service delivery system that qualify under the Task Force charge to improve the coordination, quality, and efficiency of services for children with special needs.

The need for agency coordination and collaboration is foundational to the success of improved and streamlined systems for the children of Texas with special needs and their families.

7. Compliance with Statutory Requirements

The table below outlines the elements of the biennial report required by Texas Health & Safety Code, Section 115.06 and indicates where those elements are covered in this report.

Report Requirement	Section in Which Requirement is Addressed
1. Stakeholder input, including testimony from parents in each health and human services district	This report includes the Five-year Plan developed by the Task Force. The Five-year Plan development process included collecting the input of stakeholders from across the state through public meetings, written and oral testimony, a consumer survey and the eight mandated subcommittees. The subcommittees included more than 120 members, primarily stakeholders and family members. The subcommittees worked over a period of 16 months to develop the recommendations. Each of the Task Force meetings is open for public input and comment.
2. Progress toward meeting each goal outlined in the Five-year Plan	The Task Force selected Goals 1 and 2 for implementation in meeting its goals. Sections 3 and 4 of this report provide a description of these initiatives and their progress.
3. Current barriers that prevent accomplishing each goal	Current barriers to the goals are addressed in Sections 3.3 and 4.4
4. Additional resource needs	Additional resource needs are discussed in Section 3.2 (website funding), Section 4.3 (crisis prevention funding), and 6.3 (task force funding).
5. Current resources that could be redirected for more efficient and effective use	This includes BIP funding (federal and general revenue funds) and agency redirection of funds that were provided to cover the costs of Task Force projects (HHSC, DADS, DSHS, TEA).
6. Amendments to the plan	There are currently no recommendations to change the requirements of the Five-Year Plan.
7. Recommendations and proposed legislation to help fulfill the goals	Section 6 of this report discusses proposed legislative changes.
8. Feasibility statements on related recommendations	Sections 3 and 4 discuss in detail obstacles and progress toward the two Five-year Plan recommendations prioritized for implementation (the website and the Crisis Prevention Program)

8. Conclusion

The Task Force has been successful in identifying, organizing, and moving forward with the priorities it has set for itself. Both of the current projects will have a profound and meaningful impact in improving the coordination, quality, and delivery of services. Each of the projects underway are directed at vastly expanding the information and support available to families to the overarching goal of the Task Force for Children with Special Needs priorities is to help families learn how to avoid crisis situations, access information to make informed choices, and provide relevant and reliable resource information that can support families and improve long term outcomes for their children. As the delivery of services to children with special needs changes over the next few years, the work of the Task Force takes on an even more important role as agencies re-envision, redesign, and implement new delivery systems. The need for agency coordination and collaboration is foundational to the success of improved and streamlined systems for the children of Texas with special needs and their families.

List of Acronyms

Affordable Care Act - ACA
Balancing Incentive Program - BIP
Centers for Medicare and Medicaid Services - CMS
Crisis Prevention and Intervention - CPI
Department of Aging and Disability Services - DADS
Department of Assistive and Rehabilitative Services - DARS
Department of Family and Protective Services - DFPS
Department of Information Resources - DIR
Department of State Health Services - DSHS
Health Coordination and Consumer Services - HCCS
Health and Human Services Commission - HHSC
Interagency Task Force for Children with Special Needs or Task Force for Children with
Special Needs - Task Force
Legislative Appropriations Request - LAR
Local Community Coordination - LCC
Office of Program Coordination for Children and Youth - OPCCY
Positive Behavior Support - PBS
SUMA Social Marketing - SUMA
Texas A & M University - TAMU
Texas Education Agency - TEA
Texas Juvenile Justice Department - TJJD
TradeMark Media - TMM